06736

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Highway (Callaway) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Barber
4. DATE OF DEATH (Month) 6/ (Day) 3/ (Year) 1952
5. SEX female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 10/ 1/1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Whalen
14. MOTHER'S MAIDEN NAME Mary M. Gordon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. ----
17. INFORMANT Mary J. Barber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture cervical spine — medicine

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paraplegia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractures left & leg, multiple ribs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Callaway (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 6 (Day) 3 (Year) 52 (Hour) 18 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John I. Dawson (Degree or title) ADDRESS Leighton Park, Md DATE SIGNED 6/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6/6/52 — NAME OF CEMETERY OR CREMATORY Holy Face Cemetery — LOCATION (City, town, or county) Great Mills, Md. (State)
DATE REC'D BY LOCAL REG. 6/5/52 — REGISTRAR'S SIGNATURE Cemetier
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

T

V9-115A

RECEIVED
JUN 6 1952
BUREAU V. S.

Item 18 Film G144 7-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06737

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS, Patuxent River, Md. LENGTH OF STAY (in this place) 2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park, Maryland

STREET ADDRESS (If rural, give location) Spring Valley, Trailer Court #7

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Lee (Last) BARNES

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 22 May 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lewis BARNES

14. MOTHER'S MAIDEN NAME: Patricia Ann SHELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~Deferred.~~ Pneumonia, n.e.c. type and cause unknown	1 hr.
4938 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	1 hour
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 1745 P m., from the causes and on the date stated above.

SIGNATURE Louis P. Ballenberger (DEGREE OR TITLE) LOUIS P. BALLENBERGER, CDR MC USN ADDRESS USNAS, Patuxent River, Md. DATE SIGNED 27 June 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 30/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Lansing, Ill.

DATE REC'D BY LOCAL REG. June 27/52

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR U.S. Navy, Patuxent River, Md. ADDRESS

2052201396

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1952
BUREAU V. S.

06738

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (In this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5003-54th Place

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Conway (Last) Beach
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 28 1916
9. AGE last birthday 36 yrs. If under 1 year Months 4 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) State Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Beach
14. MOTHER'S MAIDEN NAME Mary Alice Toomes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Henry C. Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c) Accidental

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Mary Hollywood (COUNTY) St Mary's (STATE) Md
TIME OF INJURY (Month) 6 (Day) 7 (Year) 52 (Hour) 4 PM
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Francis P. Greenwell (Degree or title) Dept Med-Exmr ADDRESS DATE SIGNED 6-7-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-10-52
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Suitland (State) Md
DATE REC'D BY LOCAL REG. 6/7/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11th St S.E. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06732 781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY St. Inigoes Maryland
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2122 Massachusetts Ave. North West

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Hayes (Last) CARMAN

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-21-21

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard CARMAN

14. MOTHER'S MAIDEN NAME: Angela HUME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-2, 8-13-43 to 5-1-46

16. SOCIAL SECURITY NO.: 579-18-3917

17. INFORMANT & ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Injuries, multiple, extreme	None
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

866X D

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Air Field (CITY OR TOWN): St. Inigoes (COUNTY): Maryland (STATE)

TIME OF INJURY (Month) June (Day) 28 (Year) 1952 (Hour) 1510 M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Aircraft accident

22. I hereby certify that I attended the deceased from [illegible], to [illegible], that I last saw deceased alive on [illegible], 19[illegible], and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE N.V. WHITE (DEGREE OR TITLE) LT MC USNR ADDRESS Infirmary, USNAS, Patuxent River, Maryland DATE SIGNED 6-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7-1-52 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 6/29/52 REGISTRAR'S SIGNATURE [signature] P. J. Bean-cc

24. FUNERAL DIRECTOR C. B. Robinson ADDRESS Leonardtown Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06740

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Mary's City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Orbin (Middle) Hyram (Last) Carter
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct-11-1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 8 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cutting timber
10b. KIND OF BUSINESS OR INDUSTRY: ~~224-18-4193~~
11. BIRTHPLACE (State or foreign country): Coeburn Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Craig Carter
14. MOTHER'S MAIDEN NAME: Edna Wheatley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 224-18-4193
17. INFORMANT & ADDRESS: Henery Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 4500	(a) Chronic valvular heart disease	2 yrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) General Arterio sclerosis	5 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 1949, to 6-28, 1952 that I last saw the deceased alive on 6-28-, 1952 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE R J Beam (DEGREE OR TITLE) MD. ADDRESS Great Mills Md DATE SIGNED 6-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 1-1952
NAME OF CEMETERY OR CREMATORY St Pauls
LOCATION (City, town, or county) Leonardtown (State) Md
DATE REC'D BY LOCAL REG. 6-29-52
REGISTRAR'S SIGNATURE R J Beam MD. Local registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible] 8-51

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Holly Wood
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural, give location) R F D. #1

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) May (Last) Dean

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 1- 1891

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 2 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hillary Copsey

14. MOTHER'S MAIDEN NAME: Rous Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs David Knis Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17, 1952 to 6-27, 1952 that I last saw the deceased alive on 6-26, 1952 and that death occurred at 5.30 p.m., from the causes and on the date stated above.

SIGNATURE P J Beam (DEGREE OR TITLE) M.D. ADDRESS — DATE SIGNED 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 1- 1952 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) Holly Wood (State) Md

DATE REC'D BY LOCAL REG. 6-29-52 — REGISTRAR'S SIGNATURE P J Beam M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abells
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN U.S. AIR FORCE 6 yrs.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Arnold (Last) Hall

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 8 1920
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. ARMY
10b. KIND OF BUSINESS OR INDUSTRY Mechanic
11. BIRTHPLACE (State or foreign country) St. Mary County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clyde G. Hall
14. MOTHER'S MAIDEN NAME Olive W. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WAR II
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. James A. Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Suffocation Due to Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Amos Neck Creek (CITY OR TOWN) Abells V.O. (COUNTY) St. Mary's (STATE) Md
TIME OF INJURY (Month) 6 (Day) 28 (Year) 52 (Hour) 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Accidental

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) F. G. Greenwell ADDRESS Leonardtown Md DATE SIGNED 6-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/2/52
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Bushwood (State) Md

DATE REC'D BY LOCAL REG. 7-29-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 54 Coral Pl.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Leslie Burroughs Hodgdon
4. DATE OF DEATH: (Month) (Day) (Year) 6 22 52
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Apr. 9, 1932
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Price Marker
10b. KIND OF BUSINESS OR INDUSTRY: A. & P. Grocery
11. BIRTHPLACE (State or foreign country): Washington DC.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Natt Leslie Hodgdon
14. MOTHER'S MAIDEN NAME: Margaret Burroughs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) National Guard
16. SOCIAL SECURITY NO.: 212-30-2588
17. INFORMANT & ADDRESS: Natt, Winfield Hodgdon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gas bacillus infection; shock — INTERVAL BETWEEN ONSET AND DEATH 2 days
24.4
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Compound fractures right femur and humerus — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 19/52
19b. MAJOR FINDINGS OF OPERATION: Compound fracture right femur
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) near Great Mills (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 19/52 4A M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thrown from car when door opened.

22. I hereby certify that I attended the deceased from 6-19-1952 to 6-22-1952 that I last saw the deceased alive on 6-22, 1952, and that death occurred at 7:17 A.m., from the causes and on the date stated above.

SIGNATURE P. J. Beary (DEGREE OR TITLE) M.D. ADDRESS Great Mills, Md. DATE SIGNED 6-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF June 24 1952 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REG. 6-23-52 REGISTRAR'S SIGNATURE P. J. Beary M.D. Local Registrar
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A11 8-51

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR ACTING MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maddox
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 257 Tenn. Ave. N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Q.	Holley	6/	22/	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	married	5/ 9/ 1925	27 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Messenger	U.S. Gov.	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Holley	Emma Middelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW 2		Emma Middelton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	[illegible]
131.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	[illegible]	[illegible]	[illegible]	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
[illegible]		Drowned while [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	[illegible] Md	6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/27/52	Arlington National Cem.	Arlington, Va ..

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-25-52	[illegible]	Alexander S. Pope.	Washington, D.C.

RECEIVED
JUN 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7482

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital	STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Josephine (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: female 6. COLOR OR RACE: white 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married 8. DATE OF BIRTH: Jan. 27, 1895 9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Austria 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Killian Laschalt 14. MOTHER'S MAIDEN NAME: Elizabeth Hawai

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: ---------- 17. INFORMANT & ADDRESS: John S. Jones - Leonardtown R.F.D. 1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	8 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	4 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE P J Bean MD (DEGREE OR TITLE) ADDRESS Great Mills Md DATE SIGNED Jan 27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 6/28/52 NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery LOCATION (City, town, or county) (State) Morganza, Md.

DATE REC'D BY LOCAL REG. June 27/52 REGISTRAR'S SIGNATURE P J Bean MD F. A. Camalier 24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Leonardtown | LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hermanville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Owens
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 28 1869
9. AGE last birthday: 82 yrs. | If under 1 year: Months 6 Days 11 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs George Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary embolism	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured left femur	44 days
	(c)	

908.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home | (CITY OR TOWN) Hermanville | (COUNTY) St Marys | (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: April 28 1952 1 P m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? While turning around she fell and was unable to move left leg

22. I hereby certify that I attended the deceased from April 28, 1952 to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P J Beam, M.D. | ADDRESS: Great Mills Md. | DATE SIGNED: June 9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-10-52 | NAME OF CEMETERY OR CREMATORY: Our Lady's Chapel | LOCATION (City, town, or county) (State): Medleys Neck Md

DATE REC'D BY LOCAL REG.: June 9-52 | REGISTRAR'S SIGNATURE: P J Beam, M.D. | 24. FUNERAL DIRECTOR: Jos. C. Mattingly | ADDRESS: Leonardtown Md.

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY St Marys — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Leonardtown — LENGTH OF STAY (in this place) 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY St Marys

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Della (Last) Purcell

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Widowed~~

8. DATE OF BIRTH: Jan 15 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 3, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter McKay

14. MOTHER'S MAIDEN NAME: ~~Gertie Purcell~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: George Purcell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Heart Failure — DUE TO — Interval between onset and death: 4 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic Myocarditis — DUE TO — Several years.

(c)

1222

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Heat Exhaustion with Hypertension — 1 day.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1952, to 6/27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Robert T. Finks — (DEGREE OR TITLE) M.D. — ADDRESS Leonardtown, Md. — DATE SIGNED 6/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 30 1952 — NAME OF CEMETERY OR CREMATORY St George — LOCATION (City, town, or county) Valley Lee — (State) Md

DATE REC'D BY LOCAL REG. 6/28/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jos C. Mattingly — ADDRESS

RECEIVED
JUL 1 1952
BUREAU V. S.

Item 18 Film G144 6-18-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415 8-51

1. PLACE OF DEATH:
COUNTY St. Marys County — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lexington Park
LENGTH OF STAY (in this place) 87 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS, Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 412 Essex Drive

3. NAME OF DECEASED: (Type or Print) (First) Pamela (Middle) Ann (Last) ROGERS

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-12-52

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR Months 2 Days 87 IF UNDER 24 HRS Hours 25 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank William ROGERS

14. MOTHER'S MAIDEN NAME: Marjorie Marie STANTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Medical Officer, USNAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia Prematurity and Pulmonary Atelectasis. — Interval Between Onset and Death: None

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Unknown
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 March 1952, to 7 June 1952, that I last saw the deceased alive on 7 June 1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Lt. George Montgomery, Jr., MD, USN Lt (MC) USNR 7 June, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF 6-7-52 — NAME OF CEMETERY OR CREMATORY Bethesda Medical Cen — LOCATION (City, town, or county) Bethesda, Md. (State)

DATE REC'D BY LOCAL REG. 6/7/52 — REGISTRAR'S SIGNATURE Catherine E. Cavanaugh — **24. FUNERAL DIRECTOR** D. B. Robinson — ADDRESS Leonardtown, Md.

RECEIVED
JUN 10 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville
LENGTH OF STAY (In this place) MARYLAND 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) (Last) Stanley

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 19 52

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH July 4 1890 | 9. AGE last birthday 57 yrs. | If under 1 year: Months 11 Days 24 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horseman | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Bingtan N.J. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Stanley | 14. MOTHER'S MAIDEN NAME Sibbia Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Merchant Marine II | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Edward Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

4/20.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Roy Leuther (Degree or title) M.D. ADDRESS Mechanicsville, Md DATE SIGNED 6/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF June 28 52 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Hyattsville (State) Md

DATE REC'D BY LOCAL REG. 6/27/52 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 30 1952
BUREAU V. S.

1897
1899
1901

(17)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6750

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 1 day 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Indiana COUNTY Aurora
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aurora
STREET ADDRESS (If rural, give location) 314 George Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BABY GIRL TURNER

4. DATE OF DEATH: (Month) (Day) (Year) June 23 1952

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 21 June 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward TURNER
14. MOTHER'S MAIDEN NAME: LITTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Immaturity
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day 15 hours

776X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 1952, to 6-23, 1952, that I last saw the deceased alive on 6-23, 1952, and that death occurred at 1235 A.m., from the causes and on the date stated above.

SIGNATURE George Montgomery Jr. M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED
George MONTGOMERY LT MC USN USNAS, Patuxent River, Maryland 6-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-24-52
NAME OF CEMETERY OR CREMATORY Shelby Cemetery
LOCATION (City, town, or county) (State) Versailles Indiana
DATE REC'D BY LOCAL REG. 6/24/64
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown ADDRESS Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

206218128V

RECEIVED
JUN 26 1952
BUREAU V. S.

Items 5,6,7,8 Film G143 6/6/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06751

CERTIFICATE OF DEATH

Reg. Dist. No. 284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ST MARY'S — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NR CHARLOTTE HALL — LENGTH OF STAY (In this place): 10 HRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD — COUNTY ST MARYS

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - NEAR CHARLOTTE HALL

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	
INFANT YODER	JUNE 1	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Fe.	W.	S.	5-31-52	✓ yrs.		19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
INFANT	—	MARYLAND	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
LEVI J. YODER	LIZZIE M. ZOOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	FATHER - MECHANICSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ASPHYXIA	
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO PREMATURITY	10 HRS
	(c) DUE TO	

7625

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
NONE	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO	—			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from MAY 31, 1952, to JUNE 1, 1952, that I last saw the deceased alive on JUNE 1, 1952, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Roy Snyder, MD		Mechanicsville, Md.	6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1, 1952	Amish Cemetery	Nr. Mechanicsville - Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4, 1952	Eleanor S. Carter		

4052305261

VS. A15 8-51

RECEIVED
JUN 3 1952
BUREAU V. S.